ANKLE/FOOT EVALUATION

LAST NAME | FIRST | MIDDLE INIT. | AGE | TODAY'S DATE

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY.

1. What was your chief complaint when you visited your doctor?
   
2. What do you think caused the problem?
   
3. What does your doctor think is causing your ankle/foot problem?
   
4. Describe your pain:
   
   a. Does anything make it worse?
   
   b. Does anything make it better?
   
5. Do you have any weakness? Where?
   
6. Have you had surgery to the area being scanned today? 
   When? 
   What was done?
   
7. Have you ever broken any bones in your ankle/foot?
   
8. Do you have arthritis in any of your joints?
   
9. Have you ever injured your ankle/foot? Date of Injury
   
10. Do you have any other medical conditions?
   
11. Are you taking any medicines? What kind?
   
12. Describe your general health: